

CLAIMS ONLY						Application Number 09/925350	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51		1				
2		1				52						
3		2				53						
4		2				54						
5						55		1				
6						56		2				
7						57		3				
8		2				58		3				
9		2				59						
10		2				60						
11		2				61						
12		2				62						
13		2				63						
14		2				64						
15		2				65						
16		2				66						
17		2				67						
18		2				68						
19		2				69						
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33		2				83						
34		2				84						
35		2				85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43		3				93						
44		2				94						
45		2				95						
46		2				96						
47						97						
48						98						
49						99						
50						100						
Total	Indep					Total	Indep	1				
Total	Depend					Total	Depend	91				
Total	Claims					Total	Claims	92				